

Application for Renewal of Limited License for Applicants with Limited Licenses Issued Prior to January 1, 2016

Applicants Must Complete All Pages Of This Application *In Ink*

All applicants for renewal of a limited license must complete this form and submit it with the appropriate fee for registration as well as any other required forms directly to the Office of the Professions at the address at the end of this form. You must answer all questions and provide all information requested unless otherwise indicated. Failure to complete all required parts of the application will delay its review. You must sign and date the Affidavit on this form in the presence of a Notary Public.

1 Check which limited license you are applying for:

<input type="checkbox"/> Clinical Laboratory Technologist	92	\$130	ER
<input type="checkbox"/> Certified Histological Technician	91	\$92	ER

2 Limited License Number

3 Birth Date Month Day Year

4 Print Name

Last	<input type="text"/>
First	<input type="text"/>
Middle	<input type="text"/>

Licensee business address, phone and e-mail address are public information. Failure to indicate business or home on this form for each item will deem it public information.

5 Mailing Address: Home or Business

(You must notify the Department promptly of any address or name changes.)

Line 1	<input type="text"/>			
Line 2	<input type="text"/>			
Line 3	<input type="text"/>			
City	<input type="text"/>			
State	<input type="text"/>	Zip Code	<input type="text"/>	<input type="text"/>
Country/ Province	<input type="text"/>			

8 Have you ever been found guilty after trial, or pleaded guilty, no contest, or nolo contendere to a crime (felony or misdemeanor) in any court? Yes No

9 Are criminal charges pending against you in any court? Yes No

10 Has any licensing or disciplinary authority refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a professional license or certificate held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you? Yes No

11 Are charges pending against you in any jurisdiction for any sort of professional misconduct? Yes No

12 Has any hospital or licensed facility or clinical laboratory restricted or terminated your professional training, employment, or privileges or have you ever voluntarily or involuntarily resigned or withdrawn from such association to avoid imposition of such measures? Yes No

6 Telephone/E-Mail Address

Daytime phone

Home or Business

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Area Code Phone

E-mail Address (please print clearly)

Home or Business

<input type="text"/>

7 New York State DMV ID Number
(Driver or Non-Driver ID)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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(Leave this blank if you do not have a New York State DMV ID Number)

NOTE: If you answer "Yes" to any questions numbered 8-12, submit a letter giving a complete detailed explanation. Include copies of any court records including a Certificate of Disposition. If there are offenses in multiple courts, please provide the same for each action. If the court can no longer provide documentation, you must request, from the court, a letter stating why they cannot provide the documents.

13 Has your child support obligation status changed since your initial limited license was issued?

Yes

No

If "Yes", you **must** attach a Child Support Obligation (Form 1CS) and submit it along with this form to the Office of the Professions. You can find this form on our web site at www.op.nysed.gov.

14 Has your citizenship/immigration status changed since your initial limited license was issued?

Yes

No

If "Yes", you **must** attach a Citizenship/Immigration Status (Form 1IS) and submit it along with this form to the Office of the Professions. You can find this form on our web site at www.op.nysed.gov.

15 Affidavit With Acknowledgment (Notarization required.)

Applicant

I declare and affirm that the statements made in this application, including accompanying documents, are true, complete and correct. I understand that any false or misleading information in, or in connection with, my application may be cause for denial or loss of licensure and may result in criminal prosecution. **This form must be signed and dated in the presence of a Notary Public.**

Signature of the applicant: _____

Date _____ / _____ / _____
Month Day Year

Notary

State of _____ County of _____

On the _____ day of _____ in the year _____ before me, the above signed, personally appeared

_____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual

Applicant Name

whose name is subscribed to this application and acknowledged to me that he/she executed the application and swore that the

statements made by him/her in the application and all supporting materials are true, complete, and correct.

Notary Public signature _____

Notary ID number _____

Notary Stamp

Expiration date _____ / _____ / _____
Month Day Year

Mail this form and appropriate fee to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Registration Unit, 89 Washington Avenue, Albany, NY 12234-1000.